

Employment Application

Please fill out accurately and as completely as possible. Incomplete applications will not be accepted.													
APPLICANT INFORMATION													
Last Name					First Name				M.I.		SS #	ı	-
Street Address													
Town/City						State			Zip	code			
Phone Number	()			Ema	ail Address								
Alternate Number	()			Emergency Contact			Phone	Number	()				
Position Applied for					E. Contact Address				Relationship				
Are you a U.S. citizen alien with a legal righ				ES 🗆	NO 🗆	Have you ever worked or volunteered for us in the past?						NO	
Can you, after employ right to work			gal YE	ES 🗆	NO 🗆	If so, when?							
Are you at leas	Are you at least 18 years old?				NO 🗆	Available dates		ТО		Desired	d Salary		
How many total hours per week are you seeking?					Are you willi	ng to work:	Sundays	Sundays 🗆 Holidays 🗆 Evenings					
Do you hold a valid driver's license? YES NO IF YES, STATE OF ISSUE DRIVER'S LICENSE #													
Have you ever been convicted of a crime (other then minor traffic violations) in the last 5 years? YES NO If yes, please explain on a separate sheet of paper. Please note that a conviction is not an automatic disqualifier of employment. Willful omission or misrepresentation is however, a basis for employment ineligibility.													
EDUCATION													
High School	Address												
Dates Attended	70 Degree/Certificate:						Special Courses:						
College/University	Address												
Dates Attended	70 Degree/Certificate			e:		Special Cour	ses:						
College/University	Add				Address								
Dates Attended	70 Degree/Certificate:				e:		Special Courses:						
SKILLS													
COMPUTER SKILLS:													
FOREIGN LANGUAGE (SPEAK, READ AND/OR WRITE) SKILLS: ENGLISH SPANISH FRENCH SIGN LANGUAGE OTHER 1:													
OTHER CERTIFICATES, INTERNSHIPS, TRAINING OR SKILLS:													
PUBLIC SPEAKING EXPE	RIENCE/S	KILLS:											
ARE YOU CPR/FIRST AID CERTIFIED? TYES ON NOTE: APPLICANTS MUST BE CERTIFIED PRIOR TO STARTING EMPLOYMENT DATE													

REFERE	NCES											
	Pl	ease list	3 profess	ional & personal refer Make sure	ences (family to inform refere	/ members are (ences about potential	exclud I contac	ded) w t by em	vho have ployer.	e known you for a	at least 1 year.	
Full Name					Title/Position			ition				
Company							F	hone	#	()		Years Known
Address							Em	ail Ado	dress			
Full Name					Title/Position							
Company					Phone #					()		Years Known
Address					Email Address							
Full Name							Tit	e/Pos	ition			
Company						Phone #				()		Years Known
Address							Em	ail Ado	dress			
PREVIO	US EN	APLO	YMEN	NT								
1 Company						Phone Numbe	er ()			
Address						Supervisor						
Position					Starting Salary		<u> </u>			Final Salary		
Responsibilitie	Responsibilities:					1				Hours per week		
From		То		Reason for Leaving								
May we conta	ct your p	previous	superviso	r for a reference?	YES	NO 🔲	I	f not,	why?			
2 Company						Phone Numbe	er ()			
Address						Supervisor						
Job Title					Starting Salary		,			Final Salary		
Responsibilitie	sibilities:											
From		То		Reason for Leaving								
May we conta	lay we contact your previous supervisor for a reference?					NO 🔲	I	f not,	why?			
3 Company						Phone Number	er ()			
Address						Supervisor						
Job Title							•			Final Salary		
Responsibilitie	es:									Hours per week		
From		То		Reason for Leaving								
May we contact your previous supervisor for a reference?					YES	NO 🔲	I	f not,	why?			
		F	OR AD	DITIONAL JOB	HISTORY	, PLEASE A	ΠA	СН	СОМ	iPLETED RESU	JME	

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I HAVE READ AND UNDERSTAND THE NATURE OF THE POSITION I AM APPLYING FOR AND THE DUTIES ASSOCIATED WITH IT AND IF HIRED, I ATTEST THAT I CAN PERFORM THE REQUIRED FUNCTIONS AND DUTIES OF MY JOB TO THE BEST OF MY ABILITIES, WITH OR WITHOUT REASONABLE ACCOMODATION.

☐ YES ☐ NO

DISCLAIMER AND SIGNATURE

Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the Maine State Aquarium and agencies with whom my name is certified/referred to make all necessary investigations concerning me, my work habits, previous employment or experience, and other situations as are applicable to the position I am applying for. I authorize the Maine State Aquarium to check my driving record if the position for which I am applying requires driving. I authorize the Maine State Aquarium to receive and make available to other relevant agencies my academic records or other materials, pertinent to my qualifications, and further authorize and request each former employer, persons given as reference, educational institutions, or organizations (including law enforcement agencies) to provide all information that may be sought in connection with my application. With this permission I release the organization from any liability as a result of such contact. Finally, I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature Date

Please submit your completed application, with appropriate copies of verification materials (transcripts, certifications, education & training documentation, diplomas, etc., as applicable) to:

Maine State Aquarium

ATTN: Aimee Hayden-Roderiques RE: Employment Application

PO BOX 8

West Boothbay Harbor, ME 04575

If you have any further questions, please contact me at (207) 633-9542.

Good luck!

Aimee Hayden-Roderiques
Natural Science Educator
Department of Marine Resources- Education Division
Aimee.Hayden-Roderiques@maine.gov